



## Petrus Environmental Services, Inc.

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January 26, 2012

Mr. Robert J. Smithson  
DEQ – Tidewater Regional Office  
5636 Southern Blvd.  
Virginia Beach, Virginia 23462



Re: U.S. Coast Guard Group Eastern Shore, VA0087327

Dear Mr. Smithson,

I am writing in response to your January 4, 2012 comment letter on the U.S. Coast Guard Group Eastern Shore's VPDES Permit and Sludge Renewal applications. I have included your original comments in *italic* below, with a response immediately following each comment.

*Reviewer responses:*

*The completed maintenance fee billing form was omitted. I have attached one here for your convenience.*

As indicated in your follow-up email on January 5, 2012 we understand that you now have the required billing form.

**NPDES FORM 2A**

*Page 3, item d. addresses wastewater to another treatment works. It and the next page are addressing sludge (instead of wastewater) which is hauled to Pocomoke and is covered in the sludge 2S form. It should probably reflect no instead of yes with page 4 item d entries blank. If you want to scratch through wastewater and indicate sludge that would be an acceptable alternative.*

We have revised the form to indicate that "no" wastewater is hauled to another treatment facility; revised pages 3 of 21 and 4 of 21 are included.

*Page 6, item A.11.b. indicates N/A for nitrogen removal. This tertiary system is designed to treat to 10mg/l BOD, 10 mg/l TSS and 3 mg/l TKN. Please estimate a % design nitrogen removal.*

We have estimated a nitrogen removal rate of 85%, a revised page 6 of 21 is included.

*Page 9-certification: Have Mr. Meyer put a current date for revisions and initial or simply redo this page with date of revisions.*

A new certification page with the current date of revisions is included.

Mr. Robert J. Smithson  
January 26, 2012  
Page 2

*A process flow diagram for the facility would be helpful, if one is available.*

A process flow diagram is included.

***VPDES Sewage Sludge Permit Application Form***

*Page 2. Item 2 d. and 2e. answers were omitted.*

We have clarified that the applicant is the owner and that correspondence should be sent to the facility, a revised page 2 of 16 is included.

*Page 5 certification: Have Mr. Meyer put a current date for revisions and initial or simply redo this page with date of revisions.*

A new certification page with the current date of revisions is included.

*Page 6: item 3a. should reflect neither or unknown (sludge is not treated at this facility); item c should also reflect none or unknown, as well(not option 3); item is should reflect "none".*

Item 3 has been updated to indicate that the level of sludge pathogen reduction is neither or unknown, a revised page 6 of 16 is included.

An original set of revised pages and 2 copies are included for your review. Should you need any additional information please let me know.

Sincerely,



Gregory T. Flory, P.E.  
Vice President

cc: Ralph Meyer

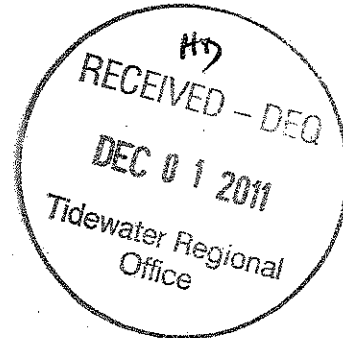


## *Petrus Environmental Services, Inc.*

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December 1, 2011

Mr. Robert E. Smithson, Jr.  
Environmental Engineer Senior  
DEQ – Tidewater Regional Office  
5636 Southern Boulevard  
Virginia Beach, Virginia 23462



Re: Reissuance of VPDES Permit No. VA0087327  
U.S. Coast Guard Group – Eastern Shore  
Chincoteague, Virginia

Dear Mr. Smithson:

I have enclosed a completed Applicant Maintenance Fee Billing Form, NPDES Form 2A Parts 'A' and 'C', the VPDES Permit Application Addendum and the VPDES Sewage Sludge Permit Application for the U.S. Coast Guard Eastern Shore Wastewater Treatment facility for your review. A topographic location map is included with the Sludge Permit Application. The original document and two copies are included for your review.

I believe this should include all the required documentation as indicated in your June 21, 2011 transmittal letter, however; should you need any additional information please let me know.

Sincerely,

Gregory T. Flory, P.E.  
Vice President

Enclosures

cc: Mr. Ralph D. Meyers, Chief Warrant Officer

FACILITY NAME AND PERMIT NUMBER:

U.S. Coast Guard Group Eastern Shore VA0087327

Form Approved 1/14/99  
OMB Number 2040-0086

FORM  
**2A**  
NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

### APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

#### BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow  $\geq 0.1$  mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

#### SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

FACILITY NAME AND PERMIT NUMBER:

U.S. Coast Guard Group Eastern Shore VA0087327

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

#### A.1. Facility Information.

Facility name U.S. Coast Guard Group Eastern Shore

Mailing Address 3823 South Main Street  
Chincoteague, Virginia 23336

Contact person Ralph D. Meyer

Title Chief Warrant Officer

Telephone number (757) 336-2842

Facility Address 3823 South Main Street  
(not P.O. Box) Chincoteague, Virginia 23336

#### A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name (same as above)

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☒ applicant

#### A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0087327

PSD \_\_\_\_\_

UIC \_\_\_\_\_

Other \_\_\_\_\_

RCRA \_\_\_\_\_

Other \_\_\_\_\_

#### A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>U.S. Coast Guard</u>	<u>60</u>	<u>separate</u>	<u>Federal - US Coast Guard</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>60</u>			

## FACILITY NAME AND PERMIT NUMBER:

U.S. Coast Guard Group Eastern Shore VA0087327

Form Approved 1/14/99  
OMB Number 2040-0086

## A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

## A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.006
- mgd

Two Years AgoLast YearThis Year

- b. Annual average daily flow rate: \_\_\_\_\_ mgd

- c. Maximum daily flow rate: \_\_\_\_\_ mgd

## A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer \_\_\_\_\_ 100 %  
☐ Combined storm and sanitary sewer \_\_\_\_\_ %

## A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent 1
- ii. Discharges of untreated or partially treated effluent 0
- iii. Combined sewer overflow points 0
- iv. Constructed emergency overflows (prior to the headworks) 0
- v. Other \_\_\_\_\_

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

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JAN 31 2012

Tidewater Regional  
Office

## FACILITY NAME AND PERMIT NUMBER:

U.S. Coast Guard Group Eastern Shore VA0087327

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_ Yes

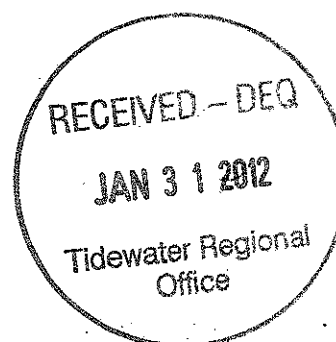
\_\_\_\_ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable): \_\_\_\_\_  
\_\_\_\_\_

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?



## FACILITY NAME AND PERMIT NUMBER:

U.S. Coast Guard Group Eastern Shore VA0087327

Form Approved 1/14/99  
OMB Number 2040-0086

## WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

## A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Chincoteague 23336  
(City or town, if applicable) (Zip Code)  
Accomack Virginia  
(County) (State)  
37 degrees 56 minutes 30 seconds 75 degrees 23 minutes 30 seconds  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0 ft.
- d. Depth below surface (if applicable) 0 ft.
- e. Average daily flow rate 0.001 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?  
Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? Yes ☒ No

## A.10. Description of Receiving Waters.

- a. Name of receiving water Chincoteague Channel
- b. Name of watershed (if known) Chesapeake Bay, Atlantic Ocean
- United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): N/A
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_
- d. Critical low flow of receiving stream (if applicable):  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>



## FACILITY NAME AND PERMIT NUMBER:

U.S. Coast Guard Group Eastern Shore VA0087327

Form Approved 1/14/99  
OMB Number 2040-0086

## A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☐ Primary
 ☒ Secondary  
☐ Advanced
 ☒ Other. Describe: Tertiary

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal 85 %  
 Design SS removal 85 %  
 Design P removal NA %  
 Design N removal 85 %  
 Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Tablet chlorination and dechlorination.

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No  
☒ Yes ☐ No

d. Does the treatment plant have post aeration?

☒ Yes ☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.4	S.U.			
pH (Maximum)	8.7	S.U.			
Flow Rate	0.006	mgd	0.001	mgd	365
Temperature (Winter)	23.3	Degrees Celcius	12.3	Deg. Celcius	182 - Oct. - Mar.
Temperature (Summer)	27.7	Degrees Celcius	22.6	Deg. Celcius	183 - Apr. - Sept.

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

## CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	2.3	mg/L	4	mg/L	12	SM5210	2
	CBOD-5	NR	NR	NR	NR	NR	NR	NR
FECAL COLIFORM		2	col/100 mL	2	col/100mL	12	SM9221 C,E	1
TOTAL SUSPENDED SOLIDS (TSS)		3.2	mg/L	7	mg/L	12	SM2540	1

## END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

U.S. Coast Guard Group Eastern Shore VA0087327

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

\_\_\_\_\_ Basic Application Information packet

\_\_\_\_\_ Supplemental Application Information packet:

\_\_\_\_\_ Part D (Expanded Effluent Testing Data)

\_\_\_\_\_ Part E (Toxicity Testing; Biomonitoring Data)

\_\_\_\_\_ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

\_\_\_\_\_ Part G (Combined Sewer Systems)

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Ralph D. Meyer, Chief Warrant Officer

Signature



Telephone number (757) 336-2842

Date signed

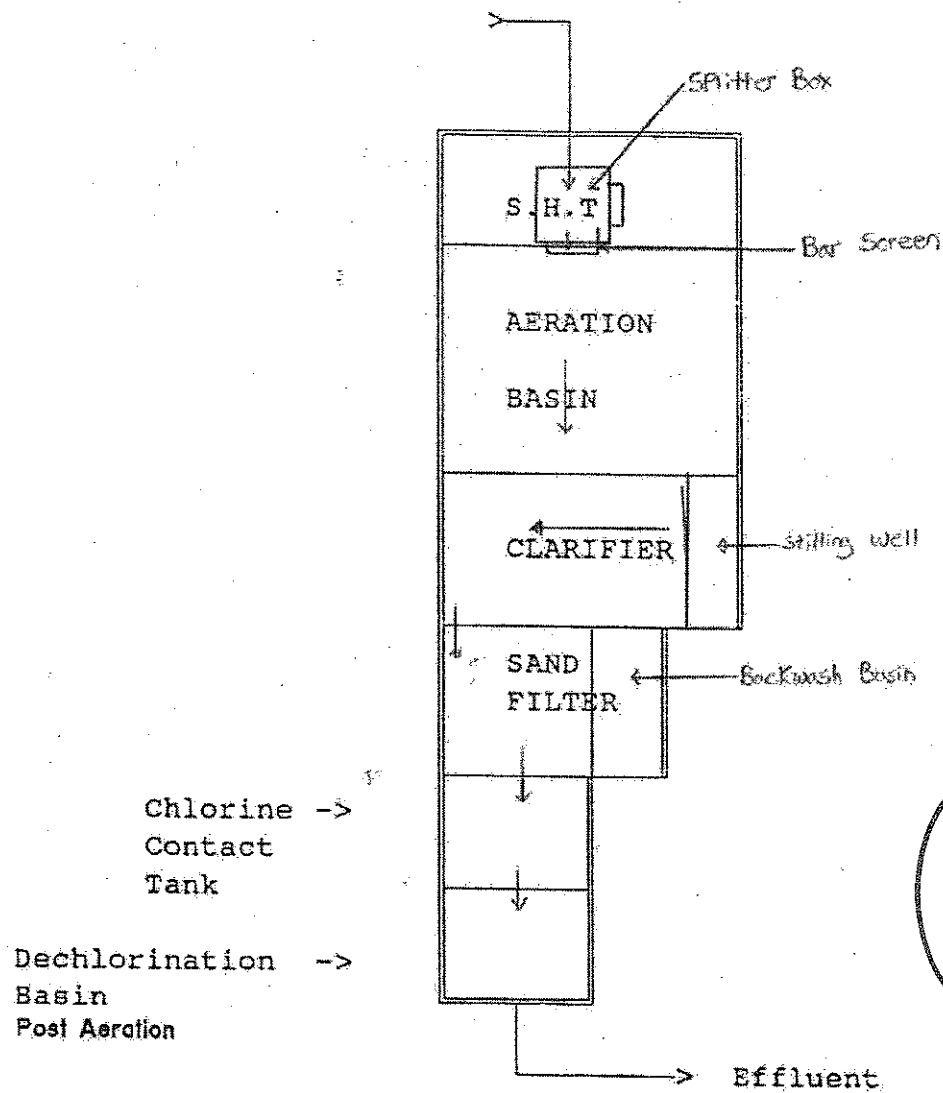
27 JAN 2012

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:



Influent from Pump/Surge  
Tank



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JAN 31 2012

Tidewater Regional  
Office

USCG - Chincoteague Station WWTP

Appendix B:  
Treatment System  
Flow Diagram

Rickmond Engineering, Inc.  
1643 Merrimac Trail  
Williamsburg, VA 23185  
(804) 229-1776/898-4149

Civil Engineering  
Environmental Engineering  
Land Development Plan

Drawn: JGC  
Scale: N/A  
Approved: DCR  
Job No.: 93143

## VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** U.S. Coast Guard Eastern Shore, Chincoteague, Virginia  
*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*
2. **Is this facility located within city or town boundaries?** Yes ☒ No ☐
3. **Provide the tax map parcel number for the land where the discharge is located.** 030A3A100000100
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0
5. **What is the design average effluent flow of this facility?** 0.006 MGD  
**For industrial facilities, provide the max. 30-day average production level, include units:**  
N/A

**In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

*Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?*

**6. Nature of operations generating wastewater:**

Domestic – offices, dormitory and cafeteria.

100 % of flow from domestic

Number of private residences to be served by the treatment works: None

0 % of flow from non-domestic connections/sources

**7. Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

**8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

☐ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☒ Other: Chincoteague Channel, Atlantic Ocean

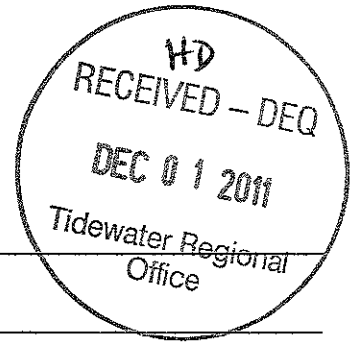
**9. Approval Date(s):**

O & M Manual August 1993

Sludge/Solids Management Plan May 2008

Have there been any changes in your operations or procedures since the above approval dates? Yes ☒ No ☐

VPDES/VPA Permit Billing Information Form  
for Annual Maintenance Fee



Facility Name: U.S. Coast Guard Eastern Shore

Permit Number: VA0087327

Tax Payer ID (Federal  
Identification Number): 52-9980000

Person / Organization to be  
billed: U.S. COAST GUARD SFD EASTERN SHORE

Billing Address: 3823 MAIN STREET  
CHINCOTEAGUE, VA 23336

Billing Contact Name: RALPH D. MEYER

Title: CHIEF WARRANT OFFICER / ENGINEER OFFICER

Phone Number: 757-336-2842

E-Mail Address: RALPH.D.MEYER@USCG.MIL

## VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

## SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C.

If you answered "Yes" to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?  
☐ Yes ☐ No

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?  
☐ Yes ☐ No

c. Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If "Yes", complete Section D (Surface Disposal).

## SECTION A. GENERAL INFORMATION

*All applicants must complete this section.*

## 1. Facility Information.

- a. Facility name: U.S. Coast Guard Group Eastern Shore
- b. Contact person: Ralph D. Meyer  
Title: Chief Warrant Officer  
Phone: ( 757 ) 336-2842
- c. Mailing address:  
Street or P.O. Box: 3823 South Main Street  
City or Town: Chincoteague State: Virginia Zip: 23336
- d. Facility location:  
Street or Route #: 3823 South Main Street  
County: Accomack  
City or Town: Chincoteague State: Virginia Zip: 23336
- e. Is this facility a Class I sludge management facility? Yes ☐ No ☒
- f. Facility design flow rate: 0.006 mgd
- g. Total population served: 60
- h. Indicate the type of facility:  
☐ Publicly owned treatment works (POTW)  
☐ Privately owned treatment works  
☒ Federally owned treatment works  
☐ Blending or treatment operation  
☐ Surface disposal site  
☐ Other (describe): \_\_\_\_\_



## 2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: (same as above)
- b. Mailing address:  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
☒ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?  
☒ facility ☐ applicant

## 3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0087327
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country?        Yes   X   No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:

- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
- Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. – Aerated Sludge Holding Tank Only

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor?   X   Yes        No

If "Yes", provide the following for each contractor (attach additional pages if necessary).

Name: Petrus Environmental Services, Inc.

Mailing address:

Street or P.O. Box: P.O. Box 21173

City or Town: Roanoke State: Virginia Zip: 24018

Phone: ( 540 ) 344-9800

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

None

Name: Bundick Pump and Haul

Mailing address:

Street or P.O. Box: P.O. Box 15

City or Town: Painter State: Virginia Zip: 23420

Phone: ( 757 ) 442-5555

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

Septic Hauler Number 11-100-0002. Expires 12/11

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s). – Petrus Environmental is responsible for the operation and maintenance of the wastewater treatment plant, Bundick Pump and Haul is responsible for the hauling of sludge from the aerated sludge holding tank to the Pocomoke City WWTP.

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.



FACILITY NAME: U.S. Coast Guard Group Eastern Shore

VPDES PERMIT NUMBER: VA0087327

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	NR – Hauled to WWTP			
Cadmium	NR – Hauled to WWTP			
Chromium	NR – Hauled to WWTP			
Copper	NR – Hauled to WWTP			
Lead	NR – Hauled to WWTP			
Mercury	NR – Hauled to WWTP			
Molybdenum	NR – Hauled to WWTP			
Nickel	NR – Hauled to WWTP			
Selenium	NR – Hauled to WWTP			
Zinc	NR – Hauled to WWTP			

FACILITY NAME: U.S. Coast Guard Group Eastern Shore

VPDES PERMIT NUMBER: VA0087327

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☒ Section A (General Information)

☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

☐ Section C (Land Application of Bulk Sewage Sludge)

☐ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title Ralph D. Meyer

Signature [Signature]

Date Signed 27 JAN 2012

Telephone number ( 757 ) 336-2842

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.



**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION  
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE***Complete this section if your facility generates sewage sludge or derives a material from sewage sludge***1. Amount Generated On Site.**Total dry metric tons per 365-day period generated at your facility: <0.5 (appr. 15,000 gallons liquid) dry metric tons**2. Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.a. Facility name: N/A - None

b. Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

c. Mailing address: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City or Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

d. Facility location: \_\_\_\_\_

(not P.O. Box) \_\_\_\_\_

e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

**3. Treatment Provided at Your Facility.**

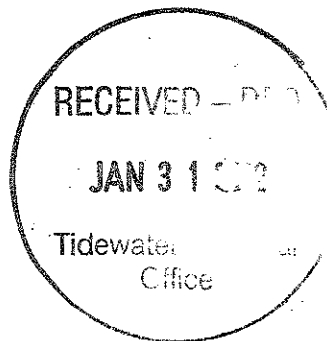
a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

       Class A           Class B      X   Neither or unknownb. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerated Sludge Holding Tank Only

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

       Option 1 (Minimum 38-percent reduction in volatile solids)       Option 2 (Anaerobic process, with bench-scale demonstration)       Option 3 (Aerobic process, with bench-scale demonstration)       Option 4 (Specific-oxygen uptake rate for aerobically digested sludge)       Option 5 (Aerobic processes plus raised temperature)       Option 6 (Raise pH to 12 and retain at 11.5)       Option 7 (75 percent solids with no unstabilized solids)       Option 8 (90 percent solids with unstabilized solids)  X   None or unknownd. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aeration in aeration basin and then transfer to the sludge holding tank for aeration and aerobic digestion

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: \_\_\_\_\_



**4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).**

*(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

N/A dry metric tons

- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

Yes No

**5. Sale or Give-Away in a Bag or Other Container for Application to the Land.**

*(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: N/A dry metric tons

- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

**6. Shipment Off Site for Treatment or Blending.**

*(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)*

- a. Receiving facility name: Pocomoke Wastewater Treatment Plant

- b. Facility contact: Michael Phillips

Title: Superintendent

Phone: ( 410 ) 957-3311

- c. Mailing address:

Street or P.O. Box: 1634 Dunn Swamp Road

City or Town: Pocomoke State: MD Zip: 21851

- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

< 0.5 dry metric tons

- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number: MD0022551 Type of Permit: NPDES Permit

MD0022551 NPDES Permit

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?

X Yes No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

Class A Class B X Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Enhanced Nutrient Removal

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

Option 1 (Minimum 38 percent reduction in volatile solids)

Option 2 (Anaerobic process, with bench-scale demonstration)

- ☐ Option 3 (Aerobic process, with bench-scale demonstration)  
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
☐ Option 5 (Aerobic processes plus raised temperature)  
☐ Option 6 (Raise pH to 12 and retain at 11.5)  
☐ Option 7 (75 percent solids with no unstabilized solids)  
☐ Option 8 (90 percent solids with unstabilized solids)  
☒ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: \_\_\_\_\_

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?  
☐ Yes ☒ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: \_\_\_\_\_

- i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No
- If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Truck will leave Coast Guard WWTP travel northeast on South Main Street, until VA175, will take a left on VA175 and follow to intersection with US-13N. Will travel 5.1 miles north on US-13 to intersection with Tulls Corner Road, take a left on Tulls Corner Road, travel 1 mile to intersection with Dunn Swamp Road, take a right on Dunn Swamp Road and follow to WWTP. Travel will be Monday through Friday between 8 a.m and 3 p.m.

## 7. Land Application of Bulk Sewage Sludge.

*(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)*

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

N/A dry metric tons

- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

**8. Surface Disposal.**

*(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)*

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: N/A dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  
       Yes        No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: \_\_\_\_\_

d. Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact is:        Site Owner        Site operator

e. Mailing address:

Street or P.O. Box: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: \_\_\_\_\_ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Incineration.**

*(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)*

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: N/A dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  
       Yes        No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: \_\_\_\_\_

d. Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact is:        Incinerator Owner        Incinerator Operator

e. Mailing address:

Street or P.O. Box: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: \_\_\_\_\_ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

of sewage sludge at this incinerator:

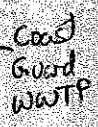
Permit Number: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

**10. Disposal in a Municipal Solid Waste Landfill.**

*(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)*

- a. Landfill name: N/A
- b. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Contact is: \_\_\_\_\_ Landfill Owner \_\_\_\_\_ Landfill Operator
- c. Mailing address:  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Landfill location:  
Street or Route #: \_\_\_\_\_  
County: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:  
\_\_\_\_\_ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? \_\_\_\_\_ Yes \_\_\_\_\_ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. \_\_\_\_\_  
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